Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

**OMB APPROVAL** 3235-0076 OMB Number:

May 31, 2005 Expires: Estimated average burden

hours per response . . .



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE	RECEIV	/ED			
ł					

Name of Offering ( L check if this is an amendment and name has changed, and indicate change.)	
Series A Preferred Stock Financing	
File Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6)	ULOE PECEIVED CO
Type of Filing: X New Filing Amendment	19/ 400000
A. BASIC IDENTIFICATION DATA	7 - 6005
Enter the information requested about the issuer	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  SimpleFeed, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4546 El Camino Real, Suite 246, Los Altos, CA 94022	650-245-6008
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)  Same as above
Same as above	
Brief Description of Business	<del></del>
Technology service for marketing communications	7 11 10 2 2 2005
Type of Business Organization	7010 2 2 20UD
X corporation	er (please specify): THOMSOM
business trust limited partnership, to be formed	EINANCIAL
Month Year	_
Actual or Estimated Date of Incorporation or Organization:  0 6 0 4	K Actual
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	E

### **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENT	IFICATION DATA				
2. $\sqrt{\text{Enter the information}}$	<del>-</del>	_			•		
		uer has been organized wit					
• Each beneficial of securities of the i		ower to vote or dispose, o	or direct the vote or dispos	sition of, 10% or	more of a class of equity		
		corporate issuers and of co	orporate general and manag	ing partners of pa	rtnership issuers; and		
<ul> <li>Each general and</li> </ul>	managing partner of	partnership issuers.			-		
Check Box(es) that Apply:	X Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner		
Full Name (Last name first Carlson, Hilding	,			<del></del>			
Business or Residence Add	<u> </u>	reet City State Zin Code	<del></del>				
	enue, Portola Valle	•					
Check Box(es) that Apply:	X Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner		
Full Name (Last name first, Eliashberg, Vita	•						
Business or Residence Add 1478 Thunderbi	ress (Number and St	· · ·	)				
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	, if individual)						
Sequoia Capital	XI and related Fun	ds					
Business or Residence Add 3000 Sand Hill F	,	reet, City, State, Zip Code 180, Menlo Park, CA 940					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner		
Full Name (Last name first, Kvamme, Mark	•				Q.		
Business or Residence Add 3000 Sand Hill I		reet, City, State, Zip Code 180, Menlo Park, CA 940					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	, if individual)						
Business or Residence Add	lress (Number and St	reet, City, State, Zip Code	)				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	, if individual)	,		,			
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	, if individual)						
Business or Residence Add	lress (Number and St	reet, City, State, Zip Code	)				
<del></del>	(Use blank	sheet, or copy and use ad	ditional copies of this shee	t, as necessary.)			

						B. INFOR	MATION	ABOUT O	FFERING					
1.	Has t	the issuer	sold. or do	es the issu	er intend	to sell, to n	on-accredite	ed investors	s in this offe	ring?			Yes	No X
••	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						_							
2.	•													
	what is the minimum investment that will be accepted from any individual?						<b>V</b>	N.						
3.					-	_							Yes X	No
4.	a per	mission or rson to be s, list the	similar rent listed is au name of th	nuneration n associate ne broker	n for solic ed person or dealer.	itation of p or agent of If more th	urchasers in a broker of	n connectio r dealer reg persons to	n with sales istered with be listed an	of securities the SEC an	or indirectles in the offer d/or with a soft persons of	ing. If tate or		
Ful		e (Last nar <b>None</b>	ne first, if	individual	)									
Bus	siness	or Resider	ce Addres	s (Numbe	r and Stree	et. City. Sta	te, Zip Cod	(e)						
		N/A				, , ,	, 1							
Nar	ne of A	Associated	Broker or	Dealer										
		N/A												
Stat	es in \	Which Per	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers			· · · · · · · · · · · · · · · · · · ·			
(1	Check	"All State	s" or check	k individu	al States)			••••					□Al	l States
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_	11) [[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	_
						[01]	[ 1 1 ]	[ \ \ \ \ ]	[ W A ]		[ 4, 1]	[ W 1 ]	[1.1	<u> </u>
Full	l Name	e (Last nar	ne first, if	individual	)									
Bus	iness (	or Residen	ce Addres	s (Number	r and Stree	et, City, Sta	te, Zip Cod	e)						
Nar	ne of A	Associated	Broker or	Dealer								<del>-</del>		
							icit Purchas						☐ Al	1 States
ſΑ	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	ſΙD	1
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-	ξΙ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	-
			ne first, if				[ , - ]		[ ,, , +]	[]		[+]		
Bus	siness o	or Residen	ce Addres	s (Number	r and Stree	et, City, Sta	te, Zip Cod	e)						
Nar	ne of A	Associated	Broker or	Dealer										
Stat	tes in V	Which Per	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers						
(	Check	"All State	s" or check	k individu	al States)			•••••		•••••		•••••	☐ Al	1 States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	]
[ I	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M0	)]
[N	4T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	.]
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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$1,012,500.11	\$1,012,500.11
	Common X Preferred (Series A)		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	
	Total	\$1,012,500.11	\$1,012,500.11
	Answer also in Appendix, Column 3, if filing under ULOE.	<del>- 1</del>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	5	\$1,012,500.11
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-
	Transfer Agent's Fees	[	<b>□</b> \$
	Printing and Engraving Costs		 
	Legal Fees		X \$To be determined
	Accounting Fees		<b>□</b> \$
	Engineering Fees		 
	Sales Commissions (specify finder's fees separately)		_
	Other Expenses (identify	_	·

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$1,012,500.11

(	Enter the difference between the aggreg Question 1 and total expenses furnished in re	AUMBER OF INVESTORS, EXPENSES A ate offering price given in response to Part C - sponse to Part C - Question 4.a. This differer	.  ice is the		\$ 1,012,500.11
i	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.				
		<i>X</i> *	· (	Payments to Officers, & Affiliates	Payments To Others
	Salaries and fees		□ \$		□ s
	Purchase of real estate		<del></del>		
	Purchase, rental or leasing and installati	on of machinery and equipment			□ \$
	Construction or leasing of plant building	gs and facilities			□ \$
	Repayment of indebtedness  Working capital  Other (specify):	or the assets or securities of another	□ s		□ \$ □ \$ X \$1,012,500.11
			□ \$		<b>S</b> ·
					□ <b>\$</b>
	Total Payments Listed (column totals ac	lded)			<b>\$1,012,500.11</b>
_		D. FEDERAL SIGNATURE			
lov	ring signature constitutes an undertaking by	ned by the undersigned duly authorized per the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	d Exchange C	Commission, 1	d under Rule 505, the apon written request
uei	(Print or Type)	Signature M/	Date		
np	eFeed, Inc.	14. Jhl	June	<u>B</u> , 2005	
me	or Signer (Print or Type)	Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·	
ldi	ng Mark Carlson	President, Chief Executive Officer and Se	cretary		

#### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)